

**Medical Non-Participation Form  
Kentucky Common Kindergarten Screen 2015-16**

Testing window dates: \_\_\_\_\_

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Is this student currently receiving homebound services? ☐ Yes ☐ No

REQUIRED: District Kindergarten Screen Contact

Date

REQUIRED: State Student Identification Number  
(SSID)

Diagnosis or Injury Dates

Hospitalization Dates

Student's Last Name

First

MI

Student's Grade Level

District and School Student Attends

Attending District/School Code

Accountable District and School for Student  
(if different from above)

Accountable District/School Code

**REQUIRED:** Describe, in detail, this student's acute medical (physical or mental) condition. Additional pages may be attached.

**REQUIRED:** Please explain how participation in the state-required common kindergarten screen would adversely affect his/her well-being.

Print or Type Doctor's Name

Doctor's Signature

Date

I give permission to release my child's pertinent medical information to the school district representative and the Kentucky Department of Education for the purpose of applying for a medical non-participation from the 2014-15 state-required assessment. I understand that, pursuant to Public Law 104-191, all parties will keep this information confidential.

Parent or Guardian Signature

Date